

CLAIMS ONLY						Application Number 16 796 893	Filing Date	
						Applicant(s)		
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend		
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Total Indep	2		1					
Total Depend	26	←	3	←	←			
Total Claims	28		4					